

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90058 033 ****61.25

DOCUMENT # 739617

1. Entity Name

FLORIDA PUBLIC BROADCASTING SERVICE, INC.

Principal Place of Business

217 JOHN KNOX RD
 200
 TALLAHASSEE FL 32303
 US

Mailing Address

P.O. BOX 10910
 TALLAHASSEE FL 32301-2910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2085219**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORAN, JAMES D.
217 JOHN KNOX RD
STE 200
TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	MORAN, JAMES D	
STREET ADDRESS	513 EAST CALL STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, RICK	
STREET ADDRESS	100 FESTIVAL PARK AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	CD	<input type="checkbox"/> Delete
NAME	THIGPEN, DON DR.	
STREET ADDRESS	1308 PARKSIDE DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, PAT	
STREET ADDRESS	11000 UNIVERSITY PKWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VC	<input type="checkbox"/> Delete
NAME	STECK, STEPHEN M	
STREET ADDRESS	11510 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL 32817-4699	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ANGEL	
STREET ADDRESS	172 NORTH EAST 15TH STREET	
CITY-ST-ZIP	MIAMI FL 33132	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JAMES D. MORAN* 1/24/01 414-9990 X35
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)